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FM AMEMBASSY TOKYO

TO RUEHC/SECSTATE WASHDC PRIORITY 1168

INFO RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE

RUEHFK/AMCONSUL FUKUOKA 5804

RUEHNAG/AMCONSUL NAGOYA 5791

RUEHNH/AMCONSUL NAHA 8431

RUEHOK/AMCONSUL OSAKA KOBE 8982

RUEHKSO/AMCONSUL SAPPORO 6982

RUEHRC/USDA FAS WASHDC 8229

RUEAUSA/DEPT OF HHS WASHINGTON DC

RUEAIIA/CIA WASHDC

UNCLAS SECTION 01 OF 02 TOKYO 002135

SIPDIS

DEPT FOR AIAG AMBASSADOR LANGE

DEPT FOR OES/IHA SINGER AND FENDRICK

DEPT FOR EAP/J

USDA PASS TO APHIS

HHS PASS TO CDC

HHS FOR OGHA STEIGER, BHAT AND ELVANDER

SIPDIS

E.O. 12958: N/A

TAGS: TBIO KFLU KSTH ECON PREL SOCI WHO JA

SUBJECT: AVIAN INFLUENZA: JAPAN WEEKLY REPORT APRIL 19

REF: A. 05 STATE 153802

1B. TOKYO 2017 AND PREVIOUS

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¶1. The following is an update on avian influenza (AI) developments in Japan for the period April 13 to 19. No human or animal outbreaks of H5N1 avian influenza were reported in Japan during the past week.

-- H5N1 to become a "Government-Decreed" Infectious Disease

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¶2. On April 14, the Ministry of Health, Labor and Welfare's (MHLW) Health Sciences Council decided to designate the H5N1 highly pathogenic strain of avian influenza as a "government-decreed" infectious disease in accordance with the Law Concerning the Prevention of Infectious Diseases and Medical Care for Patients of Infections (Infectious Diseases Law). MHLW will also designate H5N1 as a government-decreed quarantinable infectious disease under the Quarantine Law. The Ministry is still working out the details for the quarantine guidelines. MHLW made the decision in response to recent interim infection control guidelines published by the WHO and new findings from human cases in Turkey. It is part of the Ministry's proactive efforts to prepare for a possible avian influenza outbreak in Japan.

¶3. MHLW's Tuberculosis and Infectious Diseases Division told EST that only H5N1 was specified because it is the most likely strain to mutate into a form that can be easily transmitted from human to human. Other strains of avian influenza will remain categorized as Category IV diseases under the Infectious Diseases Law, but the Ministry will consider the re-designation of those strains if necessary. The decision is now open for public comment, but officials told us they expect that the designation will be formalized through a Cabinet order without problem in June. Once the Cabinet order is issued, the designation will be valid for one year, with the possibility of renewal for a second year for a maximum of two years. (Note: After the two-year

period, if the disease continues to remain a threat, it may be designated in a category higher than its current category IV designation depending on its virulence.)

¶14. By designating H5N1 as a government-decreed infectious disease, officials will be able to impose certain restrictions on the rights of individuals infected by the virus or suspected of being infected by H5N1 in order to prevent the further spread of the disease. The last and only time MHLW has made such a designation was in 2003 when the status of SARS was changed. H5N1 will be treated similar to a Category II disease, which includes diphtheria, cholera, shigellosis and typhoid fever, among others. Health officials are empowered to require physical examinations and can forcibly hospitalize individuals with or suspected of having been infected by these diseases. The individuals targeted by the stronger regulations will include not only those infected by the virus, but also those who may have been in contact with patients and are expressing symptoms such as a high fever as well as those who have tested positive for an infection but are not symptomatic. In addition to forced hospitalization, officials may require that individuals suspected of being infected stay home and restrict their work schedules to prevent further transmission of the virus. The imposition of quarantines is an issue that occasionally brings forth human rights concerns in Japan, but MHLW officials told ESTOff that the Council did not expect any problems because the attorneys serving as its members did not make any objections.

¶15. Restrictions and measures set forth to deal with Category II diseases are not as severe as those for Category I diseases such as Ebola, where authorities can restrict public transportation and access to certain buildings and facilities. H5N1 does not qualify for Category I status at this point in time, because all of the

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potential human-to-human cases of avian influenza infection up to now have been the exception rather than the norm.
(Correction: Tokyo 2017 paragraph 2 should have read category IV instead of D. End correction).

¶16. In addition to the stricter measures on the human health side, veterinarians and animal health workers will be required to report to local health authorities when they identify cases of avian influenza infections in birds.

-- Influenza Season "Almost Over" in Japan --

¶17. On April 18, the National Institute of Infectious Diseases (NIID) announced that this year's influenza season was almost over in Japan. According to NIID, the peak of the flu season was in late January. NIID reported that 73.7 percent of infections were caused by the Influenza A(H3) Hong Kong strain and 23.5 percent by the A(H1) Soviet strain. Infections by Influenza B totaled only 2.7 percent of total flu illnesses.

SCHIEFFER